M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

I

T

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

01962

422.2
93d

CERTIFICATE OF DEATH

Reg. Dist. No. 282

1. PLACE OF DEATH: COUNTY St. Marys MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hollywood LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY St. Marys
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hollywood
STREET ADDRESS (If rural, give location) R F D #1

3. NAME OF DECEASED (Type or Print) (First) JOHN (Middle) LOUIS (Last) ABELL

4. DATE OF DEATH (Month) FEB (Day) 28 (Year) 1949

5. SEX MALE

6. COLOR OR RACE WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED

8. DATE OF BIRTH July 14-1872

9. AGE last birthday 76 yrs. If under 1 year: Months 7 Days 13 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer

10b. KIND OF BUSINESS OR INDUSTRY same

11. BIRTHPLACE (State or foreign country) Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME William Abell

14. MOTHER'S MAIDEN NAME Annie Russell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service) No

16. SOCIAL SECURITY NO. NONE

17. INFORMANT Claude T. Abell

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Acute Cardiac Dilatation — Immediate

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Chronic Myocarditis — ?

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 1945, to Feb 28, 1949, that I last saw the deceased alive on Feb. 15, 1949, and that death occurred at 7:15 A.m., from the causes and on the date stated above.

SIGNATURE Frank A. Carnalin (Degree or title) MD ADDRESS Leonardtown DATE SIGNED Mar 3/2/49

23. BURIAL, CREMATION REMOVAL (Specify) BURIAL — DATE Mar. 3 1949 — NAME OF CEMETERY OR CREMATORY St. Johns — LOCATION (City, town, or county) Hollywood (State) Md.

DATE REC'D BY LOCAL REG. 3/2/49 — REGISTRAR'S SIGNATURE Carnalin

24. FUNERAL DIRECTOR W.C. Mattingley Sons — ADDRESS Tilton Md.

RECEIVED
MAR 4 1949
BUREAU V. S.

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

I

T

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

01963

443

CERTIFICATE OF DEATH

93d

Reg. Dist. No. 282

1. PLACE OF DEATH: COUNTY St. Mary's MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY St. Mary's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mechanicsville — LENGTH OF STAY (in this place) Life	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mechanicsville Md.
HOSPITAL OR INSTITUTION OR STREET ADDRESS NONE	STREET ADDRESS (If rural, give location) NONE

3. NAME OF DECEASED (Type or Print)	(First) Mary	(Middle) Lula	(Last) Adams	4. DATE OF DEATH	(Month) Feb.	(Day) 8	(Year) 1949
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow	8. DATE OF BIRTH Aug 5 1876	9. AGE last birthday 72 yrs.	If under 1 year Months. 6	Days 3	If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Same	11. BIRTHPLACE (State or foreign country) Buddsbreek, Maryland	12. CITIZEN OF WHAT COUNTRY? U.S.A.				
13. FATHER'S NAME John L. Goode		14. MOTHER'S MAIDEN NAME Lucy Lloyd					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) — (If year, give war or dates of service) —	16. SOCIAL SECURITY NO. —	17. INFORMANT James M. Adams					

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Acute Congestive Cardiac Failure,	12 HOURS
Antecedent cause(s)	Hypertensive Heart Disease	10 YEARS
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c) Hypertension 300/140	UNKNOWN
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	CEREBRAL HEMORRHAGE, RIGHT	15 MONTHS

19a. DATE OF OPERATION —	19b. MAJOR FINDINGS OF OPERATION —	20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) —	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) —	(CITY OR TOWN) —	(COUNTY) —	(STATE) —
TIME OF INJURY (Month) — (Day) — (Year) — (Hour) — m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR? —		

22. I hereby certify that I attended the deceased from DECEMBER 1947, to FEB. 8, 1949, that I last saw the deceased alive on FEB. 8, 1949, and that death occurred at 12:15 P.M., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
John H. Griffin	M.D.	Hughesville, Md.	2/9/49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	Feb 11-49	St. Joseph	Morgansa St. Mary's Md.	

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
2/9/49	Carvalier	W. L. Smathingley Sons	Leo. Md.

RECEIVED
FEB 11 1949
BUREAU V. S.

EVIDENCE FOR ADDITION OF BIRTH DATE + AGE IS ON: FILM NO. 9119, 7-25-49

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

420.1 01964

CERTIFICATE OF DEATH 94a

Reg. Dist. No. 281

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY St. Marys; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Valley Lee; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY St. Marys; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Valley Lee; STREET ADDRESS (If rural, give location) NONE

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
WILLIAM	BERNARD	ADAMS	Feb	19	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8a. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months.	Days	If under 24 hrs.: Hours	Min.
MALE	NEGRO	MARRIED	ABT 1869 Unknown	Approx. 80 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Sexton	Same	CHAPTICO MD.	U.S.A

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Unknown	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
NO —	NONE	Mary A. Stewart Adams

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary sclerosis	3 years
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Gensal arterio-sclerosis	10 years
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
None		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from September 1947, to 2-18, 1949, that I last saw the deceased alive on Feb 16, 1949, and that death occurred at 2 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
P.J. Beany M.D.	Great Mills	Md. 2-20-49

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
BURIAL	FEB 21, 1949	ST. GEORGES	VALLEY LEE MD

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
2-20-49	Local pg Beany M.D.	W. C. MATTINGLEY SONS	Leonardtown Md.

6781
&
6791

RECEIVED
FEB 23 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

01965

4222

938

Reg. Dist. No. 287

EVIDENCE FOR CHANGE OF AGE IS ON: FILM # G119 - 3-1-49

M

The correct age

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Physicians: please write the causes of death clearly and legibly.

I

1. PLACE OF DEATH: COUNTY St. Marys MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY St. Marys
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Leonardtown | LENGTH OF STAY (in this place) life	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Leonardtown, Md. (rural)
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Francis		Bond	2	19	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months.	Days	If under 24 hrs.: Hours	Min.
male	colored	married	3/23/1889	5859 yrs.	10	26		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer		Maryland	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Herman Bond	Dosha Hebb

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If year, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT
no			Lucinda Bond

18. MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
Immediate cause	(a) Acute Cardiac Dilatation	Immediate
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Chronic Myocarditis	Several yrs-
	(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
—	—	Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
—	—	—	—	—

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
—	—	—	m.	—	—

22. I hereby certify that I attended the deceased from 2/16, 1949, to 2/19, 1949, that I last saw the deceased alive on 2/17, 1949, and that death occurred at 2:4 m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Frank G. Canalis	MD	Leonardtown Md	2/21/49

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	2/22/49	St. Aloysius	Leonardtown, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
2/21/49	[illegible]	P.B.Robinson	Leonardtown, Md.

VS. A15

RECEIVED
FEB 23 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore 581.1 01966

CERTIFICATE OF DEATH 124a Reg. Dist. No. 281

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH COUNTY St Marys — MARYLAND CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN St. Marys City LENGTH OF STAY (In this place) 1 yrs. HOSPITAL OR INSTITUTION OR STREET ADDRESS —	2. USUAL RESIDENCE (HOME) OF DECEASED STATE Maryland COUNTY St Marys CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN St. Marys City STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)	(First) THOMAS	(Middle) SHERMAN	(Last) BROWN	4. DATE OF DEATH	(Month) FEB	(Day) 4	(Year) 1949			
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months.	Days	If under 24 hrs.: Hours	Min.		
Male	White	Married	April 29 1909	39 yrs.						
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?							
Merchant	Gen. Store	Washington D. C.	U. S. A.							
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME								
James Michael Brown		Helen Catherine Watts								
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT							
No.		—	Genevieve E. Brown.							

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cirrhosis of liver — 6 months

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Chronic alcoholism — 5 years

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION None	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan, 1945, to Feb. 4, 1949, that I last saw the deceased alive on Feb. 4, 1949, and that death occurred at 5:20 P. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
P J Beau M.D.		Great Mills Md	2-5-49

23. BURIAL, CREMATION / REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Feb 7-1949	Holy Face	Great Mills St Marys Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
2-5-49	P J Beau M.D.	W C. Mattingley Son Leonardtown Md	

VS. A15

RECEIVED
FEB 8 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

331

01967

CERTIFICATE OF DEATH 830 Reg. Dist. No. 25

1. PLACE OF DEATH: COUNTY Baltimore; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dundalk; LENGTH OF STAY (in this place) Life; HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dundalk; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH	(Month)	(Day)	(Year)
	RUTH	NONE	BUSH		Feb	13	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	Negro	Single	11 Nov 1881	67 yrs.	11	2		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housekeeping	Home	Dundalk	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
William Thomas Bush	Jane Virginia Greene

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
No		None	Julian M. Bush

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral Hemorrhage	6 Wks
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) General Arteriosclerosis.	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
None	None	Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED: White at Work ☐ / Not White At work ☐	HOW DID INJURY OCCUR?
			m.		None

22. I hereby certify that I attended the deceased from Jan 1, 1949, to Feb 13, 1949, that I last saw the deceased alive on Feb 10, 1949, and that death occurred at 2:50 P m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Aloysius C. Welch	M.D.	Chapter Maryland	

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	Feb 16-49	John Wesley	Dundalk	Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
2-15-49	Cancelled	W. D. Boatwright Son	Dundalk Md.

M

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
FEB 17 1949
BUREAU V. S.

01968

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

334

CERTIFICATE OF DEATH

83a

Reg. Dist. No. 286

1. PLACE OF DEATH: COUNTY St. Mary's MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Avenue
LENGTH OF STAY (in this place) 14 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY St. Mary
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Avenue Md
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) Clara (Middle) (Last) Dorsey
4. DATE OF DEATH (Month) 2 (Day) 11 (Year) 1949

5. SEX Fm
6. COLOR OR RACE Col
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married
8. DATE OF BIRTH 9-13-1904
9. AGE last birthday 44 yrs. If under 1 year: Months | Days | If under 24 hrs: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Abell Md
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Bernard Jones
14. MOTHER'S MAIDEN NAME Clara Butler

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Charles Henry Dorsey

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral apoplexy	Sudden
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c) Acute brn chitis	6 ds.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-7-, 1949, to 2-11-, 1949, that I last saw the deceased alive on 2-7-, 1949, and that death occurred at 11 P. m., from the causes and on the date stated above.

SIGNATURE Robert V. Palmer (Degree or title) ADDRESS Avenue Md. DATE SIGNED 2-12-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 2-14-49
NAME OF CEMETERY OR CREMATORY Sacred Heart
LOCATION (City, town, or county) Bushwood (State) Md.

DATE REC'D BY LOCAL REG. 2-12-49
REGISTRAR'S SIGNATURE Robert V. Palmer
24. FUNERAL DIRECTOR W. S. Mattingly Sons Lancaster Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
FEB 16 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore 860.8 01969

CERTIFICATE OF DEATH 173

Reg. Dist. No. 267

1. PLACE OF DEATH · COUNTY: St. Marys | MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: NAS, Patuxent River | LENGTH OF STAY (in this place): 5 minutes
HOSPITAL OR INSTITUTION OR STREET ADDRESS: NAS Dispensary

2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Maryland | COUNTY: St. Marys
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Ridge
STREET ADDRESS (If rural give location): None

3. NAME OF DECEASED (Type or Print): (First) Martin (Middle) Edward (Last) KENNEDY
4. DATE OF DEATH: (Month) 2 (Day) 10 (Year) 1949
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 8-11-20
9. AGE last birthday: 28 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Chief Petty Officer
10b. KIND OF BUSINESS OR INDUSTRY: U.S.Navy
11. BIRTHPLACE (State or foreign country): Kansas
12. CITIZEN OF WHAT COUNTRY?: US
13. FATHER'S NAME: Unknown
14. MOTHER'S MAIDEN NAME: Unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes | (If year, give war or dates of service): 1-39 to pres.
16. SOCIAL SECURITY NO.: -
17. INFORMANT: Official Navy Records

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Fracture, compound, skull

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT (Specify) SUICIDE HOMICIDE: Accident
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: Wooded area outside station
(CITY OR TOWN) (COUNTY) (STATE): NAS, Patuxent River, St. Marys Md.
TIME OF INJURY (Month) (Day) (Year) (Hour): 2-10-49 3:55 PM
INJURY OCCURRED While at Work ☒ Not While At work ☐
HOW DID INJURY OCCUR?: Airplane crash.

22. I hereby certify that I attended the deceased from 2-10, 1949, to 2-10, 1949, that I last saw the deceased alive on 2-10, 1949, and that death occurred at 4:35 p.m., from the causes and on the date stated above.

SIGNATURE: Paul Vaughan
(Degree or title) ADDRESS: PAUL VAUGHAN, CAPTAIN MC USN — US NAS, Patuxent River, Maryland
DATE SIGNED: 2-11-49

23. BURIAL, CREMATION REMOVAL (Specify): Removal | DATE: 2-14-49 | NAME OF CEMETERY OR CREMATORY: Arlington National | LOCATION (City, town, or county) (State): Arlington, Virginia.

DATE REC'D BY LOCAL REG.: 2/14/49 | REGISTRAR'S SIGNATURE: Cancelled | 24. FUNERAL DIRECTOR: P.B. Johnson | ADDRESS: Leonardtown

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
FEB 15 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore 422.2 01970 93d 282

CERTIFICATE OF DEATH

Reg. Dist. No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY St. Marys MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY St. Marys
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN (rural) Hollywood — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN (rural) Hollywood
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
James	J.	Mills	2/	22/	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year Months.	Days	If under 24 hrs. Hours	Min.
male	colored	married	10/8/1894	54 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY
Farmer		Maryland	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Oliver Mills	Elizabeth Cooper

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
yes	WW I		Louis J. Mills

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Chronic myocarditis	?
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Influenza	1 wk.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 2/14 49, to 2/22 49, that I last saw the deceased alive on 2/14 49, and that death occurred at 5 a. m., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Frank A. Camalier	Leonardtown Md.	2/24/49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	2/25/49	St. Aloysius	Leonardtown, Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
2/24/49	Camalier	P.B. Robinson	Leonardtown, Md.

RECEIVED
FEB 26 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

01971

500
108

EVIDENCE FOR CHANGE OF AGE IS ON:

FILM No. G 119 MAR 21 1949

CERTIFICATE OF DEATH

Reg. Dist. No. 286

1. PLACE OF DEATH: COUNTY St. Mary's — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Oakley — LENGTH OF STAY (in this place) 50 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY St. Mary's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN (Rural) Oakley
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Catherine	Gabella	Owens	2	25	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Fem	W	widowed	12-20-1860	88 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
housekeeper		Md	U.S.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
James Henry Spradle	Cecilia Spradle

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
		Benjamin Owens

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Lobar pneumonia — 3 ds.

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Acute bronchitis

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Senility

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED Wbile at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 2-18, 1949, to 2-25, 1949, that I last saw the deceased alive on 2-24, 1949, and that death occurred at 4 P m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Robert V. Palmer	M D	Leonardtown,	2-25-49

23. BURIAL, CREMATION / REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	2-28-49	Sacred Heart	Bushwood Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
2-25-49	Robert V. Palmer	W. E. Mattingly & Son	Leonardtown Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 2 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

422.2
1245

01972

CERTIFICATE OF DEATH

Reg. Dist. No. 281

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY St. Marys; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Leonardtown; LENGTH OF STAY (in this place) 2 days; HOSPITAL OR INSTITUTION OR STREET ADDRESS St. Marys Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY St. Marys; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ridge (Rural); STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Wilbur; (Middle) E.; (Last) Pembroke

4. DATE OF DEATH: (Month) 2; (Day) 24; (Year) 1949

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 4/?/1882

9. AGE last birthday: 66 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): waterman

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Robert Pembroke

14. MOTHER'S MAIDEN NAME: Alice Tucker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If year, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT: Robert W. Pembroke

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cirrhosis of liver	2 years
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Interstitial nephritis	5 years
	(c) Chronic Myocarditis	6 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ (Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from January, 19 44, to 2-24, 19 49, that I last saw the deceased alive on Feb 27, 19 49, and that death occurred at 5.30 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) P.J. Beam, M.D. ADDRESS Great Mills Md DATE SIGNED 2-25-49

23. BURIAL, CREMATION REMOVAL (Specify) burial; DATE 2/26/49; NAME OF CEMETERY OR CREMATORY St. Michaels; LOCATION (City, town, or county) Ridge; (State) Md.

DATE REC'D BY LOCAL REG. 2-25-49; REGISTRAR'S SIGNATURE P.J. Beam M.D.

24. FUNERAL DIRECTOR P.B. Robinson; ADDRESS Leonardtown, Md.

RECEIVED
FEB 28 1949
[illegible] U. S.

01973

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

860.8

CERTIFICATE OF DEATH

'73 Reg. Dist. No. 282

1. PLACE OF DEATH· COUNTY St.Marys MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED· STATE Virginia COUNTY -
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN NAS, Patuxent River, Md. LENGTH OF STAY (in this place) 5 minutes	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Martinville
HOSPITAL OR INSTITUTION OR STREET ADDRESS NAS Dispensary	STREET ADDRESS (If rural give location) Rt.#3

3. NAME OF DECEASED (Type or Print)	(First) Edgar	(Middle) Hugh	(Last) PERRY	4. DATE OF DEATH	(Month) 2	(Day) 10	(Year) 1949
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH 8-22-23	9. AGE last birthday 25 yrs.	If under 1 year Months	Days	If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Seaman		10b. KIND OF BUSINESS OR INDUSTRY U.S.Navy	11. BIRTHPLACE (State or foreign country) Virginia			12. CITIZEN OF WHAT COUNTRY? US	
13. FATHER'S NAME Unknown			14. MOTHER'S MAIDEN NAME Unknown				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes	(If year, give war or dates of service) 1944 to pres.	16. SOCIAL SECURITY No. -	17. INFORMANT Official Navy Records				

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Fracture, compound, skull.

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Fracture, simple, rt. tibia and fibula, left femur and left humerus.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) Accident	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) wooded area outside station	(CITY OR TOWN) NAS, Patuxent River,	(COUNTY) St.Marys	(STATE) Md.
TIME OF INJURY (Month) 2 (Day) 10 (Year) 493:55 p.m.	INJURY OCCURRED While at Work ☒ Not While At work ☐	HOW DID INJURY OCCUR? Airplane Crash		

22. I hereby certify that I attended the deceased from 2-10-, 1949, to 2-10, 1949, that I last saw the deceased alive on 2-10, 1949, and that death occurred at 4:30 pm., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Paul Vaughan PAUL VAUGHAN CAPTAIN MC USN		US NAS, Patuxent River, Maryland	2-11-49

23. BURIAL, CREMATION REMOVAL (Specify) Removal	DATE 2-12-49	NAME OF CEMETERY OR CREMATORY Bassett, Virginia	LOCATION (City, town, or county) (State)
DATE REC'D BY LOCAL REG. 2/12/49	REGISTRAR'S SIGNATURE Cameron	24. FUNERAL DIRECTOR P. B. Robinson, Leonardtown	ADDRESS Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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RECEIVED
FEB 15 1949
BUREAU V. S.